Case 19-14531-mdc Doc 15 Filed 08/28/19 Entered 08/28/19 16:09:16 Desc Main Page 1 of 35 Fill in this information to identify your case and this filing: Boubacar S Toure Debtor 1 Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of Pennsylvania 19-14531 Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Part 1: 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: 106 Birkdale Circle Creditors Who Have Claims Secured by Property: Duplex or multi-unit building Street address, if available, or other description ✓ Condominium or cooperative Current value of the Current value of the portion you own? entire property? Manufactured or mobile home \$ 500,000.00 \$ 500,000.00 Land Investment property PA 19311 Describe the nature of your ownership Avondale Timeshare interest (such as fee simple, tenancy by ZIP Code City State Other the entireties, or a life estate), if known. Fee simple Who has an interest in the property? Check one. Check if this is community property ✓ Debtor 1 only Chester County Debtor 2 only County Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land Investment property Timeshare Describe the nature of your ownership City ZIP Code State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another

Other information you wish to add about this item, such as local

property identification number:

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Street address, if available, or other description City State ZIP Code	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Describe the nature of interest (such as fee the entireties, or a life	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ of your ownership simple, tenancy by
County	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	(see instructions)	ommunity property
2. Add the dollar value of the portion you own for a you have attached for Part 1. Write that number	II of your entries from Part 1, including any entries		\$500,000.00
Part 2: Describe Your Vehicles			
Do you own, lease, or have legal or equitable interestyou own that someone else drives. If you lease a vehicles Cars, vans, trucks, tractors, sport utility vehicles No Yes	e, also report it on Schedule G: Executory Contracts	-	
3.1. Make: Jeep Model: station wagon	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on <i>Schedule D:</i>
Year: 2010 Approximate mileage: 250,000+	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
Other information: Condition: Poor; VIN 1J4PR4GK4AC147368; Engine Non-Functioning; Failed Inspection; Registration Has Lapsed	Check if this is community property (see instructions)	\$_0.00	\$ 0.00
If you own or have more than one, describe here: 3.2. Make: Mercedes Model: S550V4	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D:
Year: 2010 Approximate mileage: 200,000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
Other information: Condition: Fair; VIN WDDNG8GB3AA326500; Condition Fair	☐Check if this is community property (see instructions)	\$ <u>5,900.00</u>	\$5,900.00

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Make:	Who has an interest in the property? Check one.	Do not deduct secured cl	
Model:	Debter 1 ank	the amount of any secure Creditors Who Have Clair	
Year:	Debtor 2 only	Current value of the	
Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
· · ·	At least one of the debtors and another		
Other information:	Check if this is community property (see instructions)	\$	\$
Make: Model:	Dobtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on <i>Schedule D:</i>
	Debtor 2 only		
Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mileage:	— At least one of the debtors and another	entire property:	portion you own?
Other information:	Check if this is community property (see instructions)	\$	\$
✓ No Yes 4.1. Make:		Do not deduct secured cla	
Yes	Debtor 1 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Yes 4.1. Make: Model: Year:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Yes 4.1. Make: Model: Year: Other information: If you own or have more than one, list her 4.2. Make: Model: Year:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Te: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Do not deduct secured clait the amount of any secure Creditors Who Have Clair. Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the

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Part 3	Describe You	r Personal and Household Items	
Do you	own or have any le	egal or equitable interest in any of the following items?	Current value of the portion you own?
6. Hou	sehold goods and	furnishings	Do not deduct secured claims
Exa	mples: Major appliar	ces, furniture, linens, china, kitchenware	or exemptions.
	No	General miscellany, furnishings, appliances, etc.	
	Yes. Describe		is an in the second of the sec
			F 000 00
			\$ <u>5,000.00</u>
			TERRO PER
7. Elec	tronics		NA STATE OF THE ST
Exa		nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music	nud)
	. 1	lectronic devices including cell phones, cameras, media players, games	
\square			0.00
ШΥ	es. Describe		\$ <u>0.00</u>
	ectibles of value		
Exa		figurines; paintings, prints, or other artwork; books, pictures, or other art objects;	
abla		or baseball card collections; other collections, memorabilia, collectibles	ann's
	งo Yes. Describe		_{\$} 0.00
لسبا	res. Describe		\$
o ====	pment for sports a		month.
•	<i>mples:</i> Sports, photo	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
	Vo I		
	Yes. Describe		\$ 0.00
	44.50		Ψ
10. Fire	arms		
		shotguns, ammunition, and related equipment	su ^s
Z I	·	one gara, announce, and reaced equipment	MANA.
	Yes. Describe		\$ 0.00
			J
11. Clot	hes		
Exa	mples: Everyday clot	hes, furs, leather coats, designer wear, shoes, accessories	
V 1	No		0.00
□ `	es. Describe		\$0.00
12. Jew e	•		
Exar	npies: Everyday jew gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
<i>□</i> .	_		7
	vo ∕es. Describe		\$ 0.00
	res. Describe		Ψ
13. Non-	farm animals		
Exai	mples: Dogs, cats, bi	rds, horses	
1	Jo		_
	es. Describe		_{\$} 0.00
l1	es. Describe		J D
14. Any	other personal and	household items you did not already list, including any health aids you did not list	*** E
1	lo l		3. GG/G-11 (1.00) at 10 (1.00)
	es. Give specific		\$
iı	nformation		Ψ
15. Add	the dollar value of	all of your entries from Part 3, including any entries for pages you have attached	s 5,000.00
		mber here	Φ

	Do you own or have any legal or equitable interest in any of the following?				
16. Cash <i>Examples:</i> Money you have	ve in your wallet, in your home, in a safe deposit box, and on hand when you file your petition				
□ No					
☑ Yes	Cash:	\$ 5,050.00			
	ings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, lar institutions. If you have multiple accounts with the same institution, list each.				
Yes	Institution name:				
17.1. Checking account:	M&T Bank (3978)	\$ 50.00			
17.2. Checking account:	M&T Bank (2456)	10.00			
17.3. Savings account:					
17.4. Savings account:					
17.5. Certificates of deposit:					
•					
		- \$			
18. Bonds, mutual funds, or Examples: Bond funds, inv No Yes Institution or issuer name:	publicly traded stocks restment accounts with brokerage firms, money market accounts	\$			
Examples: Bond funds, inv No Yes	•	\$ \$			
Examples: Bond funds, inv No Yes	•	\$ \$ \$			
Examples: Bond funds, inv No Yes Institution or issuer name:	restment accounts with brokerage firms, money market accounts the stand interests in incorporated and unincorporated businesses, including an interest in	\$ \$ \$			
Examples: Bond funds, inv No Yes Institution or issuer name: 19. Non-publicly traded stoce an LLC, partnership, and No Yes. Give specific information about them Name of entity:	restment accounts with brokerage firms, money market accounts Sk and interests in incorporated and unincorporated businesses, including an interest in dipoint venture % of ownership:	\$\$			
Examples: Bond funds, inv No Yes Institution or issuer name: 19. Non-publicly traded stoce an LLC, partnership, and No Yes. Give specific information about them	restment accounts with brokerage firms, money market accounts Sk and interests in incorporated and unincorporated businesses, including an interest in diploint venture	\$\$ \$\$ \$\$ \$_0.00 \$_Unknown			

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20. Government and corporate bonds and other negotiable and non-negotiable instruments	
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.	
No No	
Yes. Give specific	
information about them	
Issuer name:	
	\$
	. \$
	\$
21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☑No	
Yes. List each	
account separately. Institution name: Type of account:	
401(k) or similar plan:	
Pension plan:	\$
IRA:	\$
Retirement account:	\$
Keogh:	\$
Additional account:	\$
Additional account:	
	Ψ
22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others	
`	
☑ No	
Yes Institution name or individual:	\$
Electric:	c
Gas:	J
Heating oil:	5
Rental unit:	\$
Prepaid rent:	\$
Telephone:	\$
Water:	\$
Rented furniture:	\$
Other:	\$
23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	
☑No	
Yes Issuer name and description:	
tames i de la constantina del constantina de la constantina del constantina de la co	\$
	\$
	\$

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26 U.S.C. §§ 530(b)(1), 529A(b),	, and 323(b)(1).		
✓ No Yes			
Li reslı	nstitution name and description. Separa	tely file the records of any interests.11 U.S.C. § 521	(c):
			\$
			\$
			\$
Trusts, equitable or future inte exercisable for your benefit	rests in property (other than anything	g listed in line 1), and rights or powers	
☑ No			
Yes. Give specific information about them			\$0.00
monnation about them			Ψ
Patents, copyrights, trademark	ks, trade secrets, and other intellectu	al property	
	es, websites, proceeds from royalties ar		
☑ No			
Yes. Give specific			-0.00
information about them			\$0.00
Lineman franchisco and the			agrandum.
Licenses, franchises, and other	-	holdings, liquor licenses, professional licenses	
☑ No			out to de la constant
Yes. Give specific			
information about them			\$0.00
American description			
ney or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
			oranio or exemplione.
Tax refunds owed to you			
No			0.00
Yes. Give specific information about them, including w		Federal:	\$ 0.00
you already filed the retu	urns	State:	\$ 0.00
and the tax years		Local:	\$ 0.00
	Language of the second		
Family support			
Examples: Past due or lump sum	alimony, spousal support, child suppor	t, maintenance, divorce settlement, property settlem	ent
☑ No			
Yes. Give specific information	n	Al	\$ 0.00
	VALACOURAGE	Alimony:	\$ 0.00 \$ 0.00
	va pro-	Maintenance:	\$0.00
		Support:	\$ 0.00 \$ 0.00
		Divorce settlement:	\$ 0.00 \$ 0.00
		Property settlement:	<u> Ф.00</u>
Other amounts someone owes		its, sick pay, vacation pay, workers' compensation,	
	its; unpaid loans you made to someone	else	
Social Security benefi		else	ocean
	its; unpaid loans you made to someone	else	s 0.00

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31	Interests in insurance policies			
	Examples: Health, disability, or life insurar	ice; health savings account (H	SA); credit, homeowner's, or renter's insurance	
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
	<u> </u>			\$
		***************************************		\$
	The second secon			\$
32	Any interest in property that is due you If you are the beneficiary of a living trust, e property because someone has died. No		d urance policy, or are currently entitled to receive	
	Yes. Give specific information			_{\$} 0.00
33.	Claims against third parties, whether or Examples: Accidents, employment dispute ☑ No ☐ Yes. Describe each claim		, ,	
				\$0.00
34.	Other contingent and unliquidated claim to set off claims No	ns of every nature, including	counterclaims of the debtor and rights	
	Yes, Describe each claim			0.00
				\$ <u>0.00</u>
				nonema.
35.	Any financial assets you did not already	list		
	☑ No	nakana salat unukun meran Jaminingan kelandah sebah sebah sebah sebah sebah sebah sebah kelanda dan 1945 dan Sa		and the second s
	Yes. Give specific information			\$ <u>0.00</u>
36.	Add the dollar value of all of your entrie		entries for pages you have attached	s5,110.00
				7
Pa	rt 5: Describe Any Business-F	Related Property You	Own or Have an Interest In. List any r	eal estate in Part 1.
37.	Do you own or have any legal or equitab	ole interest in any business-	related property?	
	✓ No. Go to Part 6. ✓ Yes. Go to line 38.			
	Yes. Go to line 38.			Current value of the
				portion you own?
				Do not deduct secured claims or exemptions.
20	Accounts receivable or commissions yo	u already earned		
30.	No	u alleady earlied		
	Yes. Describe			
				\$
39.	-		achines, rugs, telephones, desks, chairs, electronic devices	
	☐ No ☐ Yes. Describe			6
				\$

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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
☐ No ☐ Yes. Describe	\$
41. Inventory No Yes. Describe	\$
42. Interests in partnerships or joint ventures No Yes. Describe Name of entity: """ """ """ """ """ """ """ """ """	
	\$
% %	\$ \$
43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe	\$
A4. Any business-related property you did not already list No Yes. Give specific information	\$\$ \$\$ \$\$ \$\$
15. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	\$ 0.00
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.	
16. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47.	
	Current value of the portion you own? Do not deduct secured claims or exemptions.
.7. Farm animals Examples: Livestock, poultry, farm-raised fish	
□ No □ Yes	
100	\$

48. Crops—either growing or harvested			
☐ Yes. Give specific information			\$
49. Farm and fishing equipment, implements, machinery, fixtur	res, and tools of trade		
☐ Yes			\$
50. Farm and fishing supplies, chemicals, and feed			
Yes			\$
51. Any farm- and commercial fishing-related property you did			
Yes. Give specific information			\$
52. Add the dollar value of all of your entries from Part 6, inclu-		_	\$_0.00
Part 7: Describe All Property You Own or Have	an Interest in That	You Did Not List Above	
53. Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information	/ list?		
54. Add the dollar value of all of your entries from Part 7. Write	that number here	>	\$ 0.00
Part 8: List the Totals of Each Part of this Form	n		***************************************
55. Part 1: Total real estate, line 2			\$ <u>500,000.00</u>
56. Part 2: Total vehicles, line 5	\$_5,900.00		
57. Part 3: Total personal and household items, line 15	\$_5,000.00		
58. Part 4: Total financial assets, line 36	\$_5,110.00		
59. Part 5: Total business-related property, line 45	\$ <u>0.00</u>		
60. Part 6: Total farm- and fishing-related property, line 52	\$ <u>0.00</u>		
61. Part 7: Total other property not listed, line 54	+ \$ 0.00		
62. Total personal property. Add lines 56 through 61	\$_16,010.00	Copy personal property total →	+ \$_16,010.00
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$ <u>516,010.00</u>

Fill in this information to identify your case:			
Debtor 1 Boubacar S Toure First Name Middle Name			
Debtor 2	Last Name		
(Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Eastern District of	Last Name		
Case number 19-14531			☐ Check if this is an
(If known)			amended filing
Official Forms 1000			
Official Form 106C		· -	
Schedule C: The Prop	erty You CI	aım as Exempt	4/19
Be as complete and accurate as possible. If two mar Using the property you listed on Schedule A/B: Prop space is needed, fill out and attach to this page as m your name and case number (if known).	erty (Official Form 106A/B) a	as your source, list the property that y	you claim as exempt. If more
For each item of property you claim as exempt, y specific dollar amount as exempt. Alternatively, y of any applicable statutory limit. Some exemption retirement funds—may be unlimited in dollar amoun limits the exemption to a particular dollar amoun would be limited to the applicable statutory amound.	you may claim the full fair ns—such as those for hea ount. However, if you clain t and the value of the prop	market value of the property being Ith aids, rights to receive certain b n an exemption of 100% of fair ma	g exempted up to the amount enefits, and tax-exempt rket value under a law that
Part 1: Identify the Property You Claim	as Exempt		
 Which set of exemptions are you claiming? You are claiming state and federal nonbank You are claiming federal exemptions. 11 U. For any property you list on Schedule A/B th 	ruptcy exemptions. 11 U.S. S.C. § 522(b)(2)	C. § 522(b)(3)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
106 Birkdale Circle Brief			11 USC § 522(d)(1)
description:	\$_500,000.00	\$ 25,150.00 100% of fair market value, up to	
Line from Schedule A/B: 1.1		any applicable statutory limit	
2010 Mercedes S550V4 Brief	\$ 4,000.00	▼ \$ 4,000.00	11 USC § 522(d)(2)
description: Line from	φ	100% of fair market value, up to	
Schedule A/B: 3.2 Household goods - General miscellany, furni	chinge	any applicable statutory limit	11 USC § 522(d)(3)
Brief appliances, etc. description:	\$_10,000.00	_ \[\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	11 000 3 012(0)(0)
Line from Schedule A/B: 6		100% of fair market value, up to any applicable statutory limit	
3. Are you claiming a homestead exemption of	more than \$170,350?		
(Subject to adjustment on 4/01/22 and every 3 y	ears after that for cases file	d on or after the date of adjustment.)	
✓ No✓ Yes. Did you acquire the property covered b	y the exemption within 1,21	5 days before you filed this case?	
☐ No ☐ Yes			

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Fill in this information to identify your case	e:			
Boubacar S Toure				
Debtor 1 First Name Middle N	ame Last Name			
Debtor 2 (Spouse, if filing) First Name Middle N	ame Last Name			
United States Bankruptcy Court for the: Eastern D	istrict of Pennsylvania			
Case number 19-14531				
(If known)			b	if this is an
			amend	ea ming
Official Form 106D				
Schedule D: Creditors	s Who Have Claims Secur	ed by Pro	nert v	12/15
information. If more space is needed, copy	If two married people are filing together, both are ed the Additional Page, fill it out, number the entries,			
additional pages, write your name and cas	e number (if known).			
1. Do any creditors have claims secured by	y your property?			
☐ No. Check this box and submit this form	n to the court with your other schedules. You have noth	ing else to report on	this form.	
Yes. Fill in all of the information below.				
Part 1: List All Secured Claims				
Tare F. Eist An occurred ciams		Column A	Column B	Column C
	ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2.	Amount of claim	Value of collateral	Unsecured
	abetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 M&T Bank	Describe the property that eccures the claim:	_{\$} 381,852.13	s 500,000.00	s 0.00
	Describe the property that secures the claim: 106 Birkdale Circle, Avondale, PA 19311 - \$500,000.0		<u> </u>	\$ <u>0.00</u>
Creditor's Name P.O. Box 62182	100 Bilikuale Circle, Avolidale, FA 19311 - \$300,000.0			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
Baltimore MD 21264-218	Contingent			
City State ZIP Code	Unliquidated			
Who owes the debt? Check one.	☑ Disputed			
Debtor 1 only	Nature of lien. Check all that apply.			
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)			
☐ Check if this claim relates to a	Judgment lien from a lawsuit			
community debt Date debt was incurred	Other (including a right to offset) Last 4 digits of account number 8290	-		
2.2	Describe the property that secures the claim:		минентического может не при	anyonaanaanaanaanaanaanaanaanaanaanaanaanaa
	Describe the property that secures the claim.	Ψ]	Ψ
Creditor's Name				
Number Street				
			•	
	of the date you file, the claim is: Check all that apply. Contingent			
City State ZIP Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed			
☐ Debtor 1 only ☐ Debtor 2 only	Nature of lien. Check all that apply.			
Debtor 2 only Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)			
☐ Check if this claim relates to a	Judgment lien from a lawsuit			
community debt Date debt was incurred	Other (including a right to offset)	_		
	Column A on this page. Write that number here:	\$ 381.852.13	Pagallandalahan Patri Patri Patri Balanah Patri Patri Patri Patri Saya (1994) 1994 1997 1997 1997 1997 1997 199	CT CT TO A CT

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Debtor 1

Boubacar S Toure

First Name Middle Name

Last Name

P	art 2: List Others to Be Notified	for a Debt T	hat You Already Lis	sted
ag ye	gency is trying to collect from you for a deb	nt you owe to s he debts that y	omeone else, list the cr ou listed in Part 1, list t	ebt that you already listed in Part 1. For example, if a collection reditor in Part 1, and then list the collection agency here. Similarly, if he additional creditors here. If you do not have additional persons to
	KLM Law Group			On which line in Part 1 did you enter the creditor? $\frac{2.1}{}$
	Name			Last 4 digits of account number 8290
	701 Market Street, Ste 500			
	Street			
	Philadelphia City	PA State	19106 ZIP Code	
		State	ZIP Code	1. SACE HOME HER SECUND CONCUSTOR TO A RECOVER OF THE RECOVER AND A RECOVER OF THE RECOVER OF TH
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Street			
	Sireer			
	City	State	ZIP Code	
	CONSISTANCE AND ADMINISTRATION OF THE SETTE AND THE CONTRACT OF THE CONTRACT O	eran oloni ler vane lanemanovi espera la lokerantalo	redovrývenou extremonerý se Alvelonal Balannillánd sneublikára czovna a vleznávených cestíl Pol	On which line in Part 1 did you enter the creditor?
	Name			· ————
	Name			Last 4 digits of account number
	Street			
	City	State	ZIP Code	
	anguagan ng gangan (angung Chaisan angung Angung Angung Angung	urbija direktija interdija, kiraka pendija kaja ket daparen indoneska pekinakara pro	ingeliengen, geheinde gigt genet gestallenistische d. Ober und zu geführt, der der A. Werten des zu auf zu der Artefliebe	On which line in Part 1 did you enter the creditor?
	Name	***************************************		Last 4 digits of account number
	Street			
	City	State	ZIP Code	
]				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Check			8
	Street			
	City	State	ZIP Code	
			ender ellanapationales neur un resolución e antigo resonade musual en cabilistico del Silvi na revisione	transferential interest and a production of the contract of th
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Street		WARRAN AND AND AND AND AND AND AND AND AND A	
	En and the second secon			
	City	State	ZIP Code	

F	ill in this in	formation to identify ye	our case:	_				
		Boubacar S Toure						
٥	ebtor 1	First Name	Middle Name	Last Name			•	۸٠
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name				
		Bankruptcy Court for the: Ea						
			astem District of P	ennsylvania			Chec	k if this is an
	ase number f known)	19-14531						nded filing
\bigcirc	fficial F	orm 106E/F						
			ditors W	/ho Have Unsecur	ed Claim	ıs		12/15
	***************************************						NONDOIGNIT.	
				1 for creditors with PRIORITY claim nexpired leases that could result in				
A/E	3: Property	(Official Form 106A/B)	and on Sched	ule G: Executory Contracts and Une	expired Leases (C	Official Form 10	06G). Do not i	nclude any
nee	altors with eded, copy	the Part you need, fill i	is that are liste t out, number i	d in <i>Schedule D: Creditors Who Ha</i> the entries in the boxes on the left. <i>I</i>	<i>ve Claims Secur</i> Attach the Contir	<i>ea by Property</i> nuation Page to	. If more spac o this page. O	e is n the top of
		I pages, write your nam				·	. •	•
Рa	rt 1: Lis	st All of Your PRIORI	ITY Unsecure	ed Claims				
1	Do any cre	editors have priority un	secured claims	s against you?				
	No. Go	• •	scource claim.	s ugamst you:				
	☑ Yes.							
				editor has more than one priority unse				
				a claim has both priority and nonpriorit laims in alphabetical order according t				
	unsecured	claims, fill out the Contin	uation Page of	Part 1. If more than one creditor holds	a particular claim	, list the other cr	editors in Part	3.
	(For an exp	planation of each type of	claim, see the i	nstructions for this form in the instruction	on booklet.)	Total claim	Delaules	Alamasiasia.
	Chester (County Tax Office				I Otal Claim	Priority amount	Nonpriority amount
2.1	0,,00,0	ooung ran omoo		Last 4 divide of account country DS	221050	\$ 0.00	s 0.00	_{\$} 0.00
	Priority Cred	itor's Name		Last 4 digits of account number R3	031900	Ψ	φ	Φ
	780 Miles			When was the debt incurred?	·			
	Number	Street		As of the date you file, the claim is:	Check all that annly			
	West Ch	ester PA	19380	☐ Contingent	5.105A 211 11121 2ppry			
	City	State	ZIP Code	Unliquidated				
	Who incu Debtor	rred the debt? Check one.		Disputed				
	Debtor			Type of PRIORITY unsecured claim Domestic support obligations	m:			
	Debtor	1 and Debtor 2 only		Taxes and certain other debts you ow	ve the government			
	At least	one of the debtors and anot	ther	Claims for death or personal injury wh	-			
	☐ Check	if this claim is for a com	munity debt	intoxicated				
		m subject to offset?		U Other. Specify				
	☑ No □ Yes							
2.2	Chester	County Treasurer Patrici	a Maisano	Last 4 digits of account number	illi allitekte kulli like kittere alaksi kulli kul	\$0.00	\$0.00	\$ 0.00
	Priority Cred			When was the debt incurred?		<u> </u>	\$0.00	\$ <u>0.00</u>
	=	t Market Street						
	Number Suite 320	Street 02		As of the date you file, the claim is:	Check all that apply.			
	West Ch		19382	☐ Contingent☐ Unliquidated				
	City	State	ZIP Code	✓ Disputed				
	Who incu Debtor	rred the debt? Check one.		·	m.			
	Debtor	•		Type of PRIORITY unsecured clair Domestic support obligations	11:			
	p	1 and Debtor 2 only		✓ Taxes and certain other debts you ow	e the government			
	At least	one of the debtors and anot	ther	Claims for death or personal injury wh	=			
	☐ Check	if this claim is for a com	munity debt	intoxicated				
		m subject to offset?		☐ Other. Specify				
	✓ No Ves							

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Debtor 1

Boubacar S Toure

irst Name	Middle Name	Last Name

Case number (if known)_____

Afte	r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
2.3	Commonwealth Of Pennsylvania Department Of Revenue	Last 4 digits of account number	_{\$} 4,430.86		4,430.86
	Priority Creditor's Name Bureau of Compliance - Lien Division	When was the debt incurred?			
	Number Street P.O. Box 280948	As of the date you file, the claim is: Check all that apply.			
	Harrisburg PA 17128-0948 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	☐ Contingent ☐ Unliquidated ☐ Disputed Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify			
	Is the claim subject to offset? No Yes				
2.4	Department of the Treasury	Last 4 digits of account number 1469	_{\$} Unknown	_{\$} Unknown _{\$}	Unknown
	Priority Creditor's Name Internal Revenue Service Number Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent			
	Philadelphia PA 19255-0025 City State ZIP Code	☐ Unliquidated ☑ Disputed Type of PRIORITY unsecured claim:			
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	 □ Domestic support obligations ☑ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other, Specify 			
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes				
2.5	Internal Revenue Service	Last 4 digits of account number 1469	\$ Unknown	s Unknown s	Unknown
	Priority Creditor's Name	When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply. Contingent			
	Kansas City MO 64999-0202 City State ZIP Code Who incurred the debt? Check one.	Unliquidated ☑ Disputed Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☑ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were			
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	intoxicated Other. Specify			

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Debtor 1

Boubacar S Toure

First Name	Middle Name	Last Name	

r listing any entries on this page, number ther	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
Kennett Consolidated School District	Last 4 digits of account number R331950	§ 8,141.18	\$ <u>8,141.18</u>	\$ <u>0.00</u>
Priority Creditor's Name Chester County	When was the debt incurred? 0			
Number Street P.O. Box 505	As of the date you file, the claim is: Check all that apply.			
Irwin PA 15642 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	☐ Contingent ☐ Unliquidated ☑ Disputed Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☑ Taxes and certain other debts you owe the government			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Claims for death or personal injury while you were intoxicated Other. Specify			
Keystone Colelctions Group	Last 4 digits of account number 6339	\$ <u>0.00</u>	\$0.00	\$ 0.00
Priority Creditor's Name New Garden Twp Fire Hydrant Tax Collection	When was the debt incurred?			
Number Street P.O. Box 449	As of the date you file, the claim is: Check all that apply. Contingent			
Irwin PA 15642	☐ Unliquidated✓ Disputed			
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt at the claim subject to offset?	Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
Yes	TO COMMINIST TO THE PROPERTY OF THE PROPERTY O	NO STATE OF THE ST	THE PROTOCOME TO BE AND THE PROTOCOME AND ADDRESS OF THE PROTOCOME ADDRESS OF THE PROTOCOME AND ADDRESS OF THE PROTOCOME ADDRESS OF THE PROTOCO	2000044011004460 POID PHYRODOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
New Garden Township	Last 4 digits of account number 4171	\$ <u>0.00</u>	\$_0.00	\$ <u>0.00</u>
Priority Creditor's Name 299 Starr Road	When was the debt incurred?			
lumber Street	As of the date you file, the claim is: Check all that apply. Contingent			
Landenberg PA 19350 City State ZIP Code	☐ Unliquidated ☑ Disputed Type of PRIORITY unsecured claim:			
Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
☐ Arreast one of the deptors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes				

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Debtor 1

Boubacar S Toure

First Name	Middle Name	l act Name

Afte	r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority	Nonpriority
		<u> </u>		amount	amount
2.9	New Garden Township	Last 4 digits of account number 0661	\$ <u>0.00</u>	\$ 0.00	\$_0.00
	Priority Creditor's Name 299 Starr Road	When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
	Landenberg PA 19350 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	 Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify 			
	Is the claim subject to offset? ☑ No ☐ Yes				
2.10	State of Delaware Department of Finance	Last 4 digits of account number 1244	\$ 403.10	\$ 403.10	\$ 0.00
	Priority Creditor's Name Division of Finance, Carvel State Building	When was the debt incurred?			
	Number Street P.O. Box 8763	As of the date you file, the claim is: Check all that apply.			
		☐ Contingent ☐ Unliquidated			
	Wilmington DE 19899-8763 City State ZIP Code	Disputed			
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
	execution to provide the different divised fine him exist an access ratio involvent for all and a service of service of service and a service of service of service and a service of service and a service of service of service and a service of service of service and a service of se	Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government			
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Claims for death or personal injury while you were intoxicated Other. Specify			
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes				

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Debtor 1

Boubacar S Toure

First Name Middle Name Last Name

Pa	rt 2: List All of Your NONPRIORITY Unsecur	d Claims	
3.	Do any creditors have nonpriority unsecured claims No. You have nothing to report in this part. Submit the Yes	• •	
	nonpriority unsecured claim, list the creditor separately f	habetical order of the creditor who holds each claim. If a credited claim. For each claim listed, identify what type of claim it is ular claim, list the other creditors in Part 3.If you have more than t	. Do not list claims already
	Alltran Financial, LP		Total claim
.1		Last 4 digits of account number	_s Unknown
	Nonpriority Creditor's Name	When was the debt incurred?	\$ 0111(1)04411
	P.O. Box 610 Number Street		
	Number Street		
	On the Description	As of the date you file, the claim is: Check all that app	iy.
	Sauk Rapids MN 5637 City State ZIP C	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Obligations arising out of a separation agreement or div	orce
		that you did not report as priority claims	
	Check if this claim is for a community debt	 ✓ Debts to pension or profit-sharing plans, and other simil ✓ Other. Specify 	ar debts
	Is the claim subject to offset?	Other. Specify	
	✓ No Yes		
2	Avondale Fire Company EMS Division, Inc.	Last 4 digits of account number 6943	s Unknown
		When was the debt incurred? 10/16/2018	-
	Nonpriority Creditor's Name P.O. Box 90		
	Number Street	As of the date you file, the claim is: Check all that appl	lv.
			у.
	Danville PA 17821	0900 Contingent Unliquidated	
	City State ZIP C Who incurred the debt? Check one.	e	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	 Obligations arising out of a separation agreement or div that you did not report as priority claims 	orce
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other simil	ar debts
	·	Other. Specify	
	Is the claim subject to offset? No		
	Yes		
3	Capital One	Last 4 digits of account number 9520	Commission environmental and an approximation and approximation an
	Nonpriority Creditor's Name	When was the debt incurred?	<u>\$Unknown</u>
	P.O. Box 30285		
	Number Street	and a second and a	
		As of the date you file, the claim is: Check all that appl	у.
	Salt Lake City UT 84130 City State 2IP Co	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	✓ Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or dive	огсе
		that you did not report as priority claims	
	Check if this claim is for a community debt	 ✓ Debts to pension or profit-sharing plans, and other simila ✓ Other. Specify 	ir debts
	Is the claim subject to offset?	outer, opening	
	Yes		

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Doubled out o			Case nu
First Name	Middle Name	Last Name	

•	-		
_		19-14531	

Pa	rt 2: List All of Your NONPRIO	RITY Un	secured Claims						
	3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes								
	nonpriority unsecured claim, list the cre	ditor separ ditor holds	ately for each claim	order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do not ist the other creditors in Part 3.If you have more than three no	t list claims already				
					Total claim				
1.4	Christiana Care Health Services			Last 4 digits of account number 1042	s Unknown				
	Nonpriority Creditor's Name P.O. Box 568			When was the debt incurred?	\$ OTHEROWIT				
	Number Street								
	Number 50050								
				As of the date you file, the claim is: Check all that apply.					
	Malvern	PA	19355	☐ Contingent					
	City	State	ZIP Code	Unliquidated					
	Who incurred the debt? Check one.			☑ Disputed					
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:					
	Debtor 1 and Debtor 2 only			Student loans					
	☐ At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	☐ Check if this claim is for a commu	mity dobt		Debts to pension or profit-sharing plans, and other similar debts					
		inty debt		☑ Other. Specify					
	Is the claim subject to offset? ✓ No								
	Yes								
.5	Credit Bureau of Lancaster County	oour tanki, en opgivere minimizian njegerja gerren pe ze		Last 4 digits of account number 6408	_{\$} Unknown				
	Nonpriority Creditor's Name			When was the debt incurred?					
	Collection Division								
	Number Street			As of the date you file the claim is: Check all that confu					
	P.O. Box 1271			As of the date you file, the claim is: Check all that apply.					
	Lancaster	PA	17608-1271	☐ Contingent					
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Unliquidated ☐ Disputed					
	Debtor 1 only			Type of NONPRIORITY unsecured claim:					
	Debtor 2 only			Student loans					
	Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or divorce					
	At least one of the debtors and another			that you did not report as priority claims	n and one of the second property				
	Check if this claim is for a commu	nity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify					
	Is the claim subject to offset?			Other, Specify					
	✓ No				A CALLER AND A CAL				
_			- Composition and the State of Commission of						
.6	Credit One Bank, N.A.			Last 4 digits of account number 3804	_{\$} Unknown				
	Nonpriority Creditor's Name			When was the debt incurred?					
	P.O. Box 98873								
	Number Street			As of the date you file, the claim is: Check all that apply.					
	Las Vegas	NV	89193-8873		T participation				
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	To Control of the Con				
	Who incurred the debt? Check one. ☑ Debtor 1 only			☑ Disputed	age and an analysis				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	T- III Proposed				
	Debtor 1 and Debtor 2 only			☐ Student loans	***************************************				
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce					
	☐ Check if this claim is for a commu	nity debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	d-Projection				
	Is the claim subject to offset?	-		Other. Specify	Concession of the Concession o				
	✓ No			· •	Other				
	Yes				Territoria				

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Dah	tor	1

Boubacar	S	Toure
	_	

First Name	Middle Name	Last Name	

Pa	rt 2: List All of Your NONPRIO	RITY Un	secured Claims					
3.	Do any creditors have nonpriority un	secured	claims against yοι	1?				
	 No. You have nothing to report in this part. Submit this form to the court with your other schedules. ✓ Yes 							
4.	List all of your nonpriority unsecured nonpriority unsecured claim, list the cre	ditor sepa ditor holds	rately for each clain	order of the creditor who holds each claim. If a creditor hanner is the creditor who holds each claim it is. Do not list the other creditors in Part 3.If you have more than three no	t list claims already			
	·				Total claim			
.7	Dish			Last 4 digits of account number 1102	s 0.00			
	Nonpriority Creditor's Name P.O. Box 94063			When was the debt incurred?	\$0.00			
	Number Street							
	***************************************			As of the data was file the allow he as a large to the second				
	Palantine	IL	60094-4063	As of the date you file, the claim is: Check all that apply.				
	City	State	ZIP Code	Contingent				
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed				
	Debtor 1 only			Type of NONPRIORITY unsecured claim:				
	Debtor 2 only Debtor 1 and Debtor 2 only			☐ Student loans				
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce				
	Charlest this plain is far a reconst			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts				
	☐ Check if this claim is for a commu	nity debt		☑ Other. Specify				
	Is the claim subject to offset?							
	Yes							
.8	Doctors for Emergency Services		et Mellet (1944 (1865) en en en Mellet aut aus en Paris (1865) at Mellet (1865) at de Contract en en en anterior (1865).	Last 4 digits of account number 0058	\$Unknown			
	Nonpriority Creditor's Name P.O. Box 785422			When was the debt incurred?				
	Number Street							
				As of the date you file, the claim is: Check all that apply.				
	Philadelphia	PA	19178-5422	Contingent				
	City Who incurred the debt? Check one.	State	ZIP Code	Unliquidated				
	Debtor 1 only			☑ Disputed Type of NONPRIORITY unsecured claim:				
	Debtor 2 only			Student loans				
	Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or divorce				
	At least one of the debtors and another			that you did not report as priority claims				
	Check if this claim is for a commun	nity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify				
	Is the claim subject to offset?							
	✓ No ☐ Yes							
9	[6] [6] [6] [6] [6] [6] [6] [6] [6] [6]	WHEN THE PROPERTY OF THE PROPE	विकास के प्रतिकृतिक को अने को प्रतिकृतिक का कारण कर कर कर के किए के प्रतिकृतिक की कारण कर की किए का का के से क 	5284	EU/DEERWAN THE ESTATE HIS CONTRACTOR OF THE PROPERTY OF THE STATE OF T			
	Dynamic Therapy Services, LLC			Last 4 digits of account number 5284	_{\$} Unknown			
	Nonpriority Creditor's Name P.O. Box 69065		-	When was the debt incurred?				
	Number Street							
				As of the date you file, the claim is: Check all that apply.				
	Baltimore	MD	21264-9065	☐ Contingent				
	City Who incurred the debt? Check one.	State	ZIP Code	Unliquidated				
	Debtor 1 only			☑ Disputed				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	:			
	At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce				
				that you did not report as priority claims				
	Check if this claim is for a commun	nity debt		Debts to pension or profit-sharing plans, and other similar debts				
	Is the claim subject to offset? No			Other. Specify				
	Yes							

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Debtor 1	B

	_	
Boubacar	S	Toure

First Name	Middle Name	Last Name	

Case number (if known)____

Par	rt 2: List All of Your NONPRIORITY U	nsecured Claims	·							
[Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes									
ī	nonpriority unsecured claim, list the creditor sepa	arately for each claim	order of the creditor who holds each claim. If a creditor has . For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no	l list claims already						
	Durania Tharras Carriana III O			Total claim						
.10	Dynamic Therapy Services, LLC Nonpriority Creditor's Name		Last 4 digits of account number 5284	_s Unknown						
	350 New Fidelity Court Number Street	rosans and a second	When was the debt incurred?	<u> </u>						
			As of the date you file, the claim is: Check all that apply.							
	Garner NC	27529	Contingent							
	City State	ZIP Code	Unliquidated							
	Who incurred the debt? Check one.		☑ Disputed							
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:							
	Debtor 2 only Debtor 1 and Debtor 2 only		Student loans							
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts							
	•		Other. Specify							
	Is the claim subject to offset? No									
	Yes									
.11	First Data Merchant Services		Last 4 digits of account number 2573	s Unknown						
	N		When was the debt incurred?	T						
	Nonpriority Creditor's Name 5565 Glenridge Connector		And the state of t							
	Number Street									
	Suite 2000		As of the date you file, the claim is: Check all that apply.							
	Atlanta GA	30342-4739	Contingent							
	City State Who incurred the debt? Check one.	ZIP Code	Unliquidated							
	Debtor 1 only		Disputed							
	Debtor 2 only		Type of NONPRIORITY unsecured claim:							
	Debtor 1 and Debtor 2 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce							
	At least one of the debtors and another		that you did not report as priority claims							
	$\hfill\square$ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts							
	Is the claim subject to offset?		✓ Other. Specify							
	✓ No									
				n Para di Sala de Sala Sala de Sala d						
.12	GEICO		Last 4 digits of account number 9807	sUnknown						
	Nonpriority Creditor's Name		When was the debt incurred?	\$ OTHER OWN						
	One Geico Plaza									
	Number Street		A - A - A - A - A - A - A - A - A - A -							
	Date and	00010 0001	As of the date you file, the claim is: Check all that apply.							
	Bethesda MD City State	20810-0001 ZIP Code	Contingent							
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed							
	Debtor 1 only		Type of NONPRIORITY unsecured claim:							
	Debtor 2 only Debtor 1 and Debtor 2 only		Student loans							
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce							
			that you did not report as priority claims							
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts							
	Is the claim subject to offset?		☑ Other. Specify							
	✓ No ☐ Yes									
	162									

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		5 . 6		Document	Page 22 of 35				
Deb	tor 1	Boubacar S Toure			19-14531 Case number (if known)				
		First Name Middle Name	Last Name	è					
Pa	rt 2: L	List All of Your NONPRIORITY Unsecured Claims							
3.	Do any c	reditors have nonpriority un	secured o	laims against you	?				
	☐ No. Y	ou have nothing to report in th	is part. Su	bmit this form to the	court with your other schedules.				
	✓ Yes	5 1	• • • • • •		••••••••••••••••••••••••••••••••••••••				
				. 4 1. 1 1 0 1					
	nonpriority included i	y unsecured claim, list the cre	ditor separ ditor holds	ately for each claim.	rder of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no	t list claims already			
	,					Total claim			
4.13	Hartefe	ld Homeowners Association			Last 4 digits of account number 18661	0.00			
	, ,	Creditor's Name				\$ 0.00			
		ndywine Valley Properties			When was the debt incurred?				
	Number P.O. Bo	Street							
	1.0.00	7.000			As of the date you file, the claim is: Check all that apply.				
	Wilming	iton	DE	19803-7368					
	City		State	ZIP Code	Contingent				
	Who inc	urred the debt? Check one.			Unliquidated				
	Debto				☑ Disputed				
	Debte	•			Type of NONPRIORITY unsecured claim:				
	**********	or 1 and Debtor 2 only			☐ Student loans				
		ast one of the debtors and another			Obligations arising out of a separation agreement or divorce				
	L /(100	ist one of the debtors and another			that you did not report as priority claims				
	Chec	ck if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts				
	Is the cl	aim subject to offset?			✓ Other. Specify				
	✓ No								
	Yes								
1.14	Horty &	Horty, PA, CPAS	military explaints to be the following to com-	kegyyekka yarakeen uurukneussasak surantsissa oli kestaseeska too assensesko esiste saatsisistek	Last 4 digits of account number 0015	s Unknown			
					When was the debt incurred?	*			
		Creditor's Name			When was the dept mounted?				
	503 Cai								
	Number Suite 12	Street			As of the date you file, the claim is: Check all that apply.				
	Suite 12	20			— • • • • • • • • • • • • • • • • • • •				
	Wilming	iton	DE	19809	Contingent				
	City Who inc	urred the debt? Check one.	State	ZIP Code	☐ Unliquidated ☑ Disputed				
	☑ Debto				·				
	☐ Debto	•			Type of NONPRIORITY unsecured claim:				
		or 1 and Debtor 2 only			Student loans				
		st one of the debtors and another			Obligations arising out of a separation agreement or divorce				
					that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts				
	L Chec	k if this claim is for a commur	nity debt		Other. Specify	2			
	Is the cla	aim subject to offset?			Calor, Opening				
	✓ No					account page			
	Yes_	alakeen kiika soo sa	INVESTMENT SAME RELEASE AND END		1/(1/2) = 1/(1				
.15	KML La	w Group, P.C.			Last 4 digits of account number 8290	s0.00			
	Nonpriority	Creditor's Name			When was the debt incurred?				
	701 Ma	rket Street				a many dudor y			
	Number	Street							
	Suite 50)00			As of the date you file, the claim is: Check all that apply.	K w na na Palabook			
	Philade	lphia	PA	19106	☐ Contingent	an reason and a second a second and a second a second and			
	City Who inc	urred the debt? Check one.	State	ZIP Code	☐ Unliquidated	The state of the s			
	Debto				☑ Disputed	ADDODA BILL REAL			
		•			Type of NONPRIORITY unsecured claim:	Monthalippe			
	Debto	r 2 only r 1 and Debtor 2 only			Student loans	and the state of t			
	_	st one of the debtors and another				Po-phage 49			
	— Vilea	or one or the deptors and another			Dbligations arising out of a separation agreement or divorce that you did not report as priority claims	and a second			

✓ No
☐ Yes

 \square Check if this claim is for a community debt

Is the claim subject to offset?

Other, Specify

Debts to pension or profit-sharing plans, and other similar debts

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Da	htor	1

Bout	acar	s	Toure
COUL	Jacai	U	1 Out

19-14531 Case number (if known)

Par	rt 2: List All of Your NONPRIORITY	Unsecured Claims		
ļ	Do any creditors have nonpriority unsecur ☐ No. You have nothing to report in this part ☑ Yes	• .		,
i	nonpriority unsecured claim, list the creditor se	eparately for each clain	order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three no	t list claims already
				Total claim
.16	LVNV Funding, LLC	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number 0278	_s Unknown
	Nonpriority Creditor's Name 200 Meeting Street		When was the debt incurred?	\$
	Number Street			
	Suite 206			
	Greenville SC	29601	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☑ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another		that you did not report as priority claims	
	☐ Check if this claim is for a community de	bt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		✓ Other. Specify	
	✓ No			
	Yes	au en en esta da compansion y april 200 en au mana a compansion de reproduction de la compansion de la compa		
.17	PECO Energy Co.		Last 4 digits of account number 0405	_{\$} Unknown
	Nonpriority Creditor's Name P.O. Box 13439		When was the debt incurred?	
	Number Street			
			As of the date you file, the claim is: Check all that apply.	
	Philadelphia PA	19311-1449	Contingent	
	City State Who incurred the debt? Check one.	ZIP Code	Unliquidated	
	Debtor 1 only		✓ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another		that you did not report as priority claims	
	Check if this claim is for a community del	bt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		✓ Other. Specify	
	✓ No ☐ Yes			
18	Transworld Systems, Inc.		Last 4 digits of account number 6195	_{\$} Unknown
	Nonpriority Creditor's Name		When was the debt incurred?	
	P.O. Box 15618			:
	Number Street Dept. 940		As of the date you file, the claim is: Check all that apply.	
	Wilmington DE	19850-5618	Contingent	
	City State	ZIP Code	Unliquidated	
	Who incurred the debt? Check one. ☑ Debtor 1 only		☑ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community del	bt	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		✓ Other. Specify	
	No			
	Yes			

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Dehtor	1	

Boubacar	S	Toure

First Name Middle Name Last Name

Pa	rt 2: List All of Your NONPRIC	RITY Un	secured Claims		
	Do any creditors have nonpriority u No. You have nothing to report in t Yes				
	nonpriority unsecured claim, list the cr	editor sepa editor holds	rately for each claim	order of the creditor who holds each claim. If a creditor has been ach claim listed, identify what type of claim it is. Do not ist the other creditors in Part 3.If you have more than three no	list claims already
		rait 2.			Total claim
1.19	Transworld Systems, Inc.			Last 4 digits of account number 6195	_s Unknown
	Nonpriority Creditor's Name 500 Virginia Drive			When was the debt incurred?	3
	Number Street Suite 514	· · · · · · · · · · · · · · · · · · ·			
	Fort Washington	PA	19034	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☑ Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: ☐ Student loans	
	At least one of the debtors and anothe	г		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Solution Check if this claim is for a committee laim subject to offset? ✓ No ✓ Yes	unity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
.20	Transworld Systems, Inc.		nogemus y von stady en hannen vota tillen i vota stad vera stad vera til en et en et en et en et en et en et e	Last 4 digits of account number 1195	\$Unknown
	Nonpriority Creditor's Name P.O. Box 15618			When was the debt incurred?	
	Number Street Dept. 51			As of the date you file, the claim is: Check all that apply.	
	Wilmington	DE	19850-5618	☐ Contingent ☐ Unliquidated	
	City Who incurred the debt? Check one,	State	ZIP Code	☑ Disputed	
	☑ Debtor 1 only			Type of NONPRIORITY unsecured claim:	
	Debtor 2 only			Student loans	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	-		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a commu			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			✓ Other. Specify	occupation and the second seco
	No Yes	nieroussonikasinniksiä kusikkuudoksioniksissä viirikki	**************************************		anto confidente attropologico y consistente de la primeira de procesa en regio e en escaba a les participatos d
.21	Transworld Systems, Inc.			Last 4 digits of account number 1195	_{\$} Unknown
	Nonpriority Creditor's Name			When was the debt incurred?	
	One Huntington Quadrangle Number Street		······································		0.00
	Suite 2S01			As of the date you file, the claim is: Check all that apply.	- Company
	Melville	NY	11747	Contingent	100
	City Who incurred the debt? Check one.	State	ZIP Code	Unliquidated	ACCOUNTS OF THE PARTY OF THE PA
	Debtor 1 only			☑ Disputed	CONTRACTOR OF THE CONTRACTOR O
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	e constant de la cons
	Debtor 1 and Debtor 2 only			Student loans	ontinous is a
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	nonego por
	☐ Check if this claim is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts	ord story makes
	Is the claim subject to offset? No Yes			☑ Other. Specify	

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Dehtor	1

Boubacar	S	Toure

First Name Middle Name Last Name

Pa	rt 2: List All of Your NONPRIORITY U	Insecured Claims			
3.	Do any creditors have nonpriority unsecure No. You have nothing to report in this part. Yes	•			
	List all of your nonpriority unsecured claims nonpriority unsecured claim, list the creditor se	parately for each claim	order of the creditor who holds each claim. If a creditor ha has been claim listed, identify what type of claim it is. Do no ist the other creditors in Part 3.If you have more than three n	ot list claims already	
	1			Total claim	
1.22			Last 4 digits of account number 1807	_{\$} Unknown	
	Nonpriority Creditor's Name One Huntington Quadrangle		When was the debt incurred?	\$ OHKHOWII	
	Number Street				
	Suite 2S01				
	Melville NY	11747	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.		Unliquidated		
	Debtor 1 only		☑ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a community deb	t	Debts to pension or profit-sharing plans, and other similar debt	s	
	•	•	Other, Specify		
	Is the claim subject to offset? No				
	Yes				
1.23	+ we will also with the description of the rest of	y dan uany itany kaomin'i pipaning kaominina mandriana dia dia dia dia dia dia dia dia dia di	Last 4 digits of account number 1807	_{\$} Unknown	
			When was the debt incurred?	T	
	Nonpriority Creditor's Name P.O. Box 15168		-		
	Number Street				
	Dept. 51		As of the date you file, the claim is: Check all that apply.		
	Wilmington DE	19850-5618	☐ Contingent		
	City State Who incurred the debt? Check one.	ZIP Code	Unliquidated		
	Debtor 1 only		☑ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a community deb	t	Debts to pension or profit-sharing plans, and other similar debt	s	
	Is the claim subject to offset?		☑ Other. Specify		
	✓ No				
	Yes				
			Last 4 digits of account number		
			When was the debt incurred?	\$	
	Nonpriority Creditor's Name		When was the dept incurred:		
	Number Street				
			As of the date you file, the claim is: Check all that apply.		
			☐ Contingent		
	City State Who incurred the debt? Check one.	ZIP Code	☐ Unliquidated		
	Debtor 1 only		☐ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		☐ Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a community deb	•	that you did not report as priority claims		
		•	Debts to pension or profit-sharing plans, and other similar debters. Other. Specify	5	
	Is the claim subject to offset?		La Guier, Specify		
	Yes				

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Da	shi	hor	1

Boubacar S Toure			19-14531 Case number (if known)
irst Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

On which entry in Part 1 or Part 2 did you list the original creditor?
Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number
•
On which entry in Part 1 or Part 2 did you list the original creditor?
Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number
On which entry in Part 1 or Part 2 did you list the original creditor?
Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number
On which entry in Part 1 or Part 2 did you list the original creditor?
Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number
On which entry in Part 1 or Part 2 did you list the original creditor?
Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number
On which entry in Part 1 or Part 2 did you list the original creditor?
Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured
Claims
Last 4 digits of account number
On which entry in Part 1 or Part 2 did you list the original creditor?
Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1

Boubacar S Toure

irst Name Middle Name

Last Name

Case number (if known) 19-14531

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6a	. Domestic support obligations	6a.	\$	0.00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	12,975.14
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	12,975.14
				Total claim	
Total claims	6f.	Student loans	6f.	\$	0.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	0.00
	6j.	Total. Add lines 6f through 6i.	6j.	s	0.00

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F	ill in this in	formation to ident	ify your case:				
D	ebtor	Boubacar S Toure					
		First Name	Middle Name		Last Name		
	ebtor 2 pouse If filing)	First Name	Middle Name		Last Name	AND LUMBER OF THE PROPERTY OF	
13	nited States I	Bankruptcy Court for th	e Eastern District	of Pennsylvania	ì		
		19-14531	C Eduloi i Bioliloi	or ronnogram	·	,	
	ase number f known)	10.14301					Check if this is an
		·					amended filing
O:	fficial F	Form 106G					
0	shodi	ulo G: Evo	Soutory	Contro	ote and	Unexpired Leases	40/45
<u> </u>	rieut	ile G. Exe	cutory	Contra	icis and	ollexpired Leases	12/15
info	rmation. I		eded, copy the	additional pa	ige, fill it out, n	ogether, both are equally responsible for su umber the entries, and attach it to this page	
1.	☑ No. C		e this form with	the court with	your other sche	dules. You have nothing else to report on this f e listed on <i>Schedule A/B: Property</i> (Official For	
2.		rent, vehicle lease				ract or lease. Then state what each contract in the instruction booklet for more examples	
processor	Person o	r company with wh	nom you have t	the contract o	er lease	State what the contract or lease is	for
2.1							
inen on annual and	Name					-	
					 		
	Street						
	City		State ZIP 0	Code	***************************************	-	
2.2	Contaction - entrancement - Green			THE THE PERSON AS A SECRET PERSON OF A SECRET PERSON OF THE PERSON OF TH	katanata terta eregen pulan-atriculari di Lorent ercculta concenta	компрения на принутуру на постоя на продости по принутория на принутуру на принутуру на принутуру на принутуру	rhyster fa it til til efter frei helde frem klysternes (julius eleg) til til gett kjörden kall helygy hilus etg An stil til til efter frei helde frem klysternes (julius eleg) til til gett kjörden kall helygy hilus etg hand helyg
۷.۷						-	
	Name						
	Street				·····		
						-	
	City	unda vinte et delen ette med 1555 kant matte, ette mengete replijden till i specifika i solviderept kant ette	State ZIP C	JOGE	eset delife i me i i menjara pristi ni treso di ili ri di di di di di se eneri		eri wekincho hazipani hinen yayanniy an azyayah piyanan ay ya tingin hi domina ya alaka aya daka ana ya taka h
2.3					····	_	
	Name						
	Street						
						_	
	City		State ZIP C	Code	reconstruction and administration of the presence of the prese		a this of the analysis of the things of the polysis of the polysis of the contract of the cont
2.4							
aran areas	Name					-	
	Charch						
	Street						
	City		State ZIP C	Code		-	
2.5	anderstalling and an experience of the second	Processor National Section (Associated Section (Associated Section (Associated Section (Associated Section (As	60-1886 1974 - 1986 - 1584 - 1594 - 1594 - 1595 - 1595 - 1595 - 1595 - 1596 - 1596 - 1596 - 1596 - 1596 - 1596		likifal dahiri tekkerilana sebesahali peresembilikan dahiri sebesah sebesah sebesah sebesah sebesah sebesah se		a transfer morgan polonya-yan nonongoglasi Madilika 1923 S.S.S.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A
	Name	· · · · · · · · · · · · · · · · · · ·				-	
	Hame						
	Street	× 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
						-	
	City		State ZIP C	Code			

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Fill in this in	formation to identify ye	our case:		
Debtor 1	Boubacar S Toure			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the: Ea	astern District of Pennsylv	ania . ,	
Case number (if known)	19-14531		on annual	Check if this is a
				amended filing
Official F	orm 106H			
Schedu	ıle H: Your	Codebtors		12/15
are filing toget and number th	ther, both are equally r	esponsible for supply on the left. Attach the	ing correct information. If	as complete and accurate as possible. If two married people more space is needed, copy the Additional Page, fill it out, age. On the top of any Additional Pages, write your name and
1. Do you ha	eve any codebtors? (If	you are filing a joint cas	se, do not list either spouse a	as a codebtor.)
✓ Yes				
		-	y property state or territory ico, Puerto Rico, Texas, Wa	 (Community property states and territories include shington, and Wisconsin.)
	o to line 3.			
		spouse, or legal equiva	lent live with you at the time	?
☐ No		state or territory did you	live?	. Fill in the name and current address of that person.
Na	ame of your spouse, former spo	use, or legal equivalent		
Nu	ımber Street			
G	ty	State	ZIP Code	
3. In Column	1, list all of your code	btors. Do not include	your spouse as a codebto	r if your spouse is filing with you. List the person
Schedule	_), <i>Schedule E/F</i> (Offici	_	er. Make sure you have listed the creditor on ule G (Official Form 106G). Use Schedule D,
Column	:Your codebtor			Column 2: The creditor to whom you owe the debt
-				Check all schedules that apply:
3.1 Bonni	e Sanna			
Name			4.44	Schedule D, line
Street	rnell Road			Schedule G, line
Wilmin City	ngton	DE State	19808 ZIP Code	<u></u>
3.2 Class	ic Tennis 2, LLC			Поливи
Name		ging Mombor 22 (Cornell Bood	Schedule D, line Schedule E/F, line
Street	onnie Sanna, Mana			Schedule G, line
Wilmii City	ngton	DE State	19808 ZIP Code	
2 2	Enterprises, LLC		on many and the second	C Schodulo D line
Name	oubacar Toure 106	Birkdale Circle		Schedule D, line Schedule E/F, line 2.5
Street			40044	Schedule G, line
Avono City		PA State	19311-1 ZIP Code	448

Official Form 106H

Fill in this information to identify	your case:					
Boubacar S Tou	ire					
Debtor 1 First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:	Eastern District of Pennsy	Ivania				
Case number 19-14531		,		Check if th	nis is:	
(If known)				An am	ended filing	
					lement showing pose as of the following	•
Official Form 106I				MM / DI	D / YYYY	
Schedule I: You	ır Income					12/15
Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Part 1: Describe Employm	ou are married and not fili se is not filing with you, o top of any additional pag	ng jointly, and you do not include info	ur spouse is ormation ab	living with your spou	ou, include informationse. If more space is a	on about your spouse. needed, attach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-l	iling spouse
If you have more than one job,				SCHMUNICER NOVINES LONGE CONTROL CONTR	dos sempromos maios escreçaismos aproporçamentos para proprio pour buest consequencianos se escreça	econtration and an extensive section of the section of the section and the section of the sectio
attach a separate page with information about additional employers.	Employment status	Employed Not employe	ed		Employed Not employed	
Include part-time, seasonal, or self-employed work.	Occupation	Tennis Pro - Instructor				
Occupation may include student or homemaker, if it applies.	·	Classic Tennis 2, LLC t/a Delcastle Tennis		t/a	498.4004000-014-014-01-01-01-01-01-01-01-01-01-01-01-01-01-	
	Employer's name				With the terms of	
	Employer's address	710 McKenr	nans Chur	ch Road		
		Number Street			Number Street	
			DE 19810			
		City		Code	City	State ZIP Code
	How long employed then	re? Approximate	ely 16 mor	nths	7-17-11-1	444.44
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated.	-	. If you have nothir	ng to report fo	or any line, wri	te \$0 in the space. Incl	ude your non-filing
If you or your non-filing spouse ha below. If you need more space, at			mation for al	employers fo	r that person on the lin	es
			For	Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sala deductions). If not paid monthly,			2. <u>\$2</u>	2,000.00	\$	•
3. Estimate and list monthly over	time pay.		3. +\$	0.00	+ \$	
4. Calculate gross income. Add lin	e 2 + line 3.		4. \$_2	2,000.00	\$	

4531-mdc ar S Toure

Filed 08/28/19 Entered 08/28/19 16:09:16 Document Page 31 of of number (if known) 19-14531 Debtor 1 For Debtor 1 For Debtor 2 or non-filing spouse 2,000.00 Copy line 4 here..... 5. List all payroll deductions: 0.00 5a. Tax, Medicare, and Social Security deductions 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 5e. Insurance 5e. 0.00 5f. Domestic support obligations 0.00 5g. Union dues 5g. 5h. Other deductions. Specify: _ 5h. 0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 2,000.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 700.00 monthly net income. 0.00 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 0.00 8d. Unemployment compensation 8d. 0.00 8e. Social Security 8e 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 8f. 138.00 8g. Pension or retirement income 8g. 0.00 8h. Other monthly income. Specify: 8h. 838.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. 2,838,00 2,838.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Housemate Julia's minimal monthly contribution 1,250.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 4,088.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Classic Tennis 2, LLC will guarantee a monthly draw of \$3000 beginning 09/01/2019; Indoor Tennis

increase to \$6,041.00

Yes. Explain: Camp begins generating additional income after Labor Day; Debtor estimates monthly gross income will

Debtor 1 BOUDACAR S TOU

Name Middle Name Last Name

Case number (if known)_

Continuation Sheet for Official Form 106I

1. Describe Employment:

Debtor: Boubacar S Toure

Occupation: Tennis Pro - Instructor / Coaching

Name of Employer: Independent - Tennis Lessons

Employer's Address: 106 Birkdale Circle, Avondale, PA 19311

Length of Employment: Over 15 Years

Fill in thi	is information to identify	/ your case:			
	Boubacar S Toure				
Debtor 1	First Name	Middle Name Last Name	Check if t	his is:	
Debtor 2 (Spouse, if f	filing) First Name	Middle Name Last Name	——— <u> </u>	nended filing	
	ites Bankruptcy Court for the:	Fredrick District of December 1		plement showing post	
	19-14531	·	State) expen	ses as of the following	g date:
Case num (If known)	ber		MM / C	DD / YYYY	
Officia	l Form 106J				
Sche	edule J: Yo	ur Expenses			12/15
informatio (if known).	n. If more space is need Answer every question				
Part 1:	Describe Your Ho	usehold			
1. Is this a	joint case?				
	Go to line 2.				
☐ Yes.	Does Debtor 2 live in a	separate household?			
	No Yes Debtor 2 must fil	le Official Form 106J-2, Expenses for S	enarate Household of Debtor 2		
0 Daveni			cparate modernoid of Debtor 2.		
-	have dependents? st Debtor 1 and	✓ No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's	Does dependent live
Debtor 2		Yes. Fill out this information for each dependent		age	with you?
	tate the dependents'			· · · · · · · · · · · · · · · · · · ·	No Yes
names.					No
				with the second	Yes
					No
					Yes
					LINo.
					Yes
					No You
	i (Philiphia Paul Maliada Pd Mi Paula aras ara ra ramana ara quanta ragge gi -	THE PARTY OF THE P			LYes
expense	expenses include s of people other than and your dependents?	□ No ☑ Yes			
Part 2:	Estimate Your Ongoi	ing Monthly Expenses		Mik Navierierierierie (1866 - 1864). Mik Navierierierierierierierierierierierierieri	THE REPORTED HER WEST, AS IT THE TEXT IS A TO SHEW WASHING STANDARD AND A SHEW WASHING AND A SHEW AND A SHEW A
Estimate ye	our expenses as of your	bankruptcy filing date unless you a	re using this form as a supple	ment in a Chapter 13 c	ase to report
expenses a applicable		nkruptcy is filed. If this is a suppleme	ental Schedule J, check the bo	ox at the top of the form	and fill in the
Include exp	penses paid for with nor	n-cash government assistance if you	know the value of		
such assis	tance and have included	d it on Schedule I: Your Income (Offic	cial Form 106l.)	Your exper	1ses
	tal or home ownership of t for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4. \$	2,000.00
If not in	cluded in line 4:				750.00
4a. Re	al estate taxes			4a. \$	
4b. Pro	operty, homeowner's, or re	enter's insurance		4b. \$	125.00
4c. Ho	me maintenance, repair,	and upkeep expenses		4c. \$	50.00
4d. Ho	meowner's association or	condominium dues		4d. \$	75.00

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Debtor 1

Boubacar S Toure

First Name Middle Name

Last Name

			Your e	xpenses
5.	Additional mortgage payments for your residence, such as home equity loans	5,	\$	0.00
	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	200.00
	6b. Water, sewer, garbage collection	6b.	φ	100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services		\$	50.00
	6d. Other. Specify:	6c. 6d.	Φ	50.00
~7			Ψ	
7.	Childcare and children's education costs	7.	Þ	300.00
8.		8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	65.00
10.	Personal care products and services	10.	\$	35.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	135.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00_
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	125.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other, Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

ebtor 1	Boubacar S Toure First Name Middle Name Last Name			Case no	19-14531 ase number (if known)				
. Other. S	specify:				21.	+\$ +\$	0.00		
					-	+\$			
Calculat	te your monthly	y expenses.							
22a. Add	l lines 4 through	21.			22a.	\$	4,060.00		
22b. Cop	y line 22 (month	ly expenses	or Debtor 2), if any, from O	fficial Form 106J-2 22c. Add lir	ne 22a 22b.	\$			
and 22b.	The result is yo	ur monthly ex	penses.		22c.	\$	4,060.00		
. Calculate	your monthly i	net income.					4,088.00		
23a. Cop	by line 12 (your o	combined mo	nthly income) from Schedul	e I.	23a.	\$	4,000.00		
23b. Cop	y your monthly	expenses from	n line 22c above.		23b.	- \$	4,060.00		
	otract your month result is your <i>m</i>	-	from your monthly income. come.		23 c.	\$	28.00		
Do you ex	kpect an increa	se or decrea	se in your expenses withi	n the year after you file this	form?				
		· ·	·	n the year or do you expect you ion to the terms of your mortga					
☐ No.									
√ Yes.	Explain here:		evenue from Classic T coaching and instruct	ennis 2 will increase; A ing.	s my health i	mproves	, I can increase		